

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/539364

FILING DATE

APPLICANT(S)

CLAIMS

	CLAIMS							
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51	
2	/						52	
3	/						53	
4	/						54	
5	/						55	
6	/						56	
7	/	/					57	
8	/						58	
9	/						59	
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11							61	
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44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	2		↓		↓			
TOTAL DEP.	1		↔		↔		↔	
TOTAL CLAIMS	10							